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A REVIEW OF SUCCESSFUL HEALTH CARE COALITIONS AND PARTNERSHIPS

BY

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Catastrophic Health Event (CHE) readiness is the ability to increase the preparedness, response capabilities, and capacities of hospitals, other healthcare facilities, trauma care, and emergency medical service systems. Our ability to respond to a Catastrophic Health Event (CHE) varies throughout the United States. The Hospital Preparedness Program's (HPP) primary mission is to assist hospitals, emergency management planning and capabilities, and strengthen healthcare partnerships at the community and substate levels. These Health Care Coalitions engage communities to plan, develop, exercise, and improve local capabilities. How do successful coalitions overcome the challenges inherent to developing a plan which creates working partnerships and strengthens response efforts, while coordinating efforts with the State? What effects does funding have on partnerships: What should be the goal of these partnerships? This paper explores some of the concepts of partnering and sustainability, while showing what constitutes a successful partnership, and naming potential initiatives which could spring from these partnerships.

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USAWC CIVILIAN RESEARCH PROJECT

A REVIEW OF SUCCESSFUL HEALTH CARE COALITIONS AND PARTNERSHIPS

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This CRP is submitted in partial fulfillment of the requirements of the Senior Service College fellowship.

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Catastrophic Health Event (CHE) readiness is the ability to increase the preparedness, response capabilities, and capacities of hospitals, other healthcare facilities, trauma care, and emergency medical service systems. Our ability to respond to a Catastrophic Health Event (CHE) varies throughout the United States. The Hospital Preparedness Program's (HPP) primary mission is to assist hospitals, emergency management planning and capabilities, and strengthen healthcare partnerships at the community and substate levels. These Health Care Coalitions engaged communities to plan, develop, and exercise local capabilities. How have successful coalitions overcome the challenges inherent to developing a plan which creates working partnerships and strengthens response efforts, while coordinating efforts with the State? What effects does funding have on partnerships? What should be the goal of these partnerships? This paper explores some of the concepts of partnering and sustainability, while showing what constitutes a successful partnership, and naming potential initiatives which could spring from these partnerships.

A REVIEW OF SUCCESSFUL HEALTH CARE COALITIONS AND PARTNERSHIPS

The goal for federal agencies to respond as a cohesive team to external and internal threats is elusive. Although improved since the days of 9/11, agencies still struggle. Examples include the failure of federal and private agencies to share information regarding known terror threats, which allowed dangerous situations to fester and place the country in even greater danger.[1] This challenge also applies to efforts to provide responses to a public health emergency at all levels.

"We define a healthcare coalition as a formal collaboration among hospitals, public health departments, emergency management and response agencies, and... other types of healthcare entities in a community that are organized to prepared for and respond to mass casualty and catastrophic health events."[2] Catastrophic health events run the gamut from relatively short-lived events to full- blown natural or manmade disasters, which are fully capable of taking thousands of lives in a short period of time. Hospital preparedness plays a major role in our successful response to these events. Our nation needs to continually work on establishing a unified ability to respond to large numbers of patients at a time. Healthcare coalitions are a core part of the Assistant Secretary for Preparedness and Response's (ASPR) mission and National Health Strategy.[3] After the September 11, 2001 terrorist attacks, Congress passed the Public Health Security & Bioterrorism Preparedness & Response Act to strengthen the medical preparedness infrastructure of the healthcare system. The act also created the position of the Assistant Secretary for Emergency Preparedness within the Department of Health & Human Services (DHHS). In 2006, Congress passed the Pandemic and All Hazards Preparedness Act (PAHPA) also falling under DHHS. The PAHPA required the

development of a national health security strategy by DHHS.[4] This statutory language linked health and security together for the first time. Conversely, partnerships become vital to our national security. The Hospital Preparedness Program, which falls under ASPR, is a program which is designed to strengthen healthcare partnerships at all levels, primarily through funding and capability assessment, measuring hospitals' emergency management capabilities.[5] In 2007, this program funded eleven healthcare coalitions and five emergency care coalitions across the United States. These federally funded healthcare coalitions are a snapshot of the United States. This paper will identify the key factors which allow healthcare partnerships to thrive and succeed.

I. BACKGROUND:

Following the September 11 terrorist attacks, the government belatedly began to realize the necessity of preparing for catastrophic medical events, and directed that localities develop plans to respond to their own unique preparedness needs. One of the lessons learned from the federal response to Hurricane Katrina: "Individual, local, and state plans, as well as relatively new plans created by the federal government since the terrorist attack on September 11, 2001, failed to adequately account for widespread or simultaneous catastrophes."[6] Hospitals are expected to play a larger role in responding to emergencies and disasters. Healthcare has become a business with the expectation that administrators and leaders use modern business models when providing services. Additionally, hospitals have lost their special status in communities, and are often viewed as financial commodities which derive their importance solely as entities and players in the free market, even though hospitals have evolved from a social services model to a business model, both public and government policy makers expect hospitals

to be fully equipped to respond to numerous emergency scenarios.[7] Compounding this focus on the business aspect of healthcare provision, because of economic provisions, there has been a decrease in the ability of local hospitals to respond due to poor local economic conditions, which greatly hamper local hospitals' surge capacity. With limited resources and looming public health challenges facing government health agencies, the Institute of Medicine identified collaborative systems composed of government agencies and nongovernment organizations as the future of public health.[8]

Similarly, the U.S. Department of Health & Human Services and the Center for Disease Control and Prevention have identified partnerships as a critical component of the public health system and key publications such as "Healthy People 2010" and "National Public Health Standards".[9] Partnerships that are recommended by these and other agencies increase the reach of health services and decrease duplication of efforts, which is essential as the population continues to grow and faces increasingly complex health issues. Partnerships mediate the relationship between resources and local health departments. This strategy may be especially useful for rural public health departments facing limited resources and numerous health disparities.[10] "Collaborative partnerships are a processing strategy for engaging people and organizations in the common purpose of addressing community-determined issues of health and well-being."[11]

HPP recognizes the need for a cohesive response to a public health disaster. However, partnership development is resource intensive and difficult. Studies suggest that up to 70% of formal strategic alliances fall short of expectations.[12] "While there is evidence that preparedness of individual hospitals has significantly improved since the program's

implementation, the nation's health care system still remains under-prepared to respond to large scale catastrophic emergencies."[13]

Each coalition has its specific and common needs. For example, California exists on a fault line; Minnesota is a congested urban area in Minneapolis-St. Paul, yet shares vast swathes of rural territory. How have these coalitions formed successful partnerships which address their needs? It is important to note that governmental policy requires a partnership approach; however, this cannot be the sole driver for agencies working together, and may cause the collaboration to weaken over time. It may lead to a partnership failing to move beyond the initial goals with no lasting impact.[14] Another important incentive to comply with emergency preparedness standards is the Joint Commission for the Accreditation of Healthcare Organizations (JCAHO). This agency added major changes over the past decade to emergency management standards. Additionally, if the centers for MEDICARE and MEDICAID adopt more comprehensive and emergency-based standards, hospitals will have greater incentive to comply to ensure federal reimbursement.[15]

II. METHODS:

The methods used for this paper include a review of the U.S. and international literature pertaining to healthcare partnerships, responses, personal interviews, and a review of documents provided by ASPR and the Health Facilities Partnership Program (HFPP), and their staff.

III. ANALYSIS: KEY FACTORS FOR A SUCCESSFUL PARTNERSHIP, AND EXAMPLES:

A vision of what the partnership is trying to achieve is an essential precursor for taking joint action. The 'vision and mission', or 'joint purpose' of partners in an alliance must be clearly stated, understood, and shared. The Wilder Research Center identified six success factors of partnerships.[16] They are:

(1) Purpose: Are there concrete, attainable objectives? Is there a shared vision and purpose? Active involvement "was described as knowing the job that needs to get done and the best strategy for achieving it."[17]

(2) Environment (or Leadership): Is there a collaboration history that includes a leader? "Effective leadership is one of the most studied characteristics of effective partnership."[18] Regardless of the style of leadership, when it's effective it inspires commitment and action. Leaders must be developed at many levels.[19] Relationships are the "everything" of an effective leader; these relationships are, in turn, based on trust and respect, not simply subordinate to "boss". Leaders at all levels must be trained, and must likewise have the ability to educate and communicate. "You can't run complex organizations with one leader. You have to be able to cultivate the potential of all your leaders... and help them communicate a shared vision."[20] "Continued national leadership and direction are essential for sustained state and local progress and catastrophic emergency planning."[21]

(3) Membership: Trust and respect between partners are requirements for collaboration. Is there an appropriate cross section of members with the ability to collaborate and compromise? Of even greater importance: are the members of

appropriate power and influence? Respondents described these types of valuable members as those that have credibility and authority.[22] Bryson, et.al. found that cross-sector collaborations were more likely to succeed when one or more linking mechanisms (existing networks, powerful sponsors) existed.[23]

(4) Process and Structure: Do the members share a stake? The partnership should seek a win-win, substantive outcome to sustain a positive relationship.[24] Maintaining relationships with the stakeholders in each region is considered a vital ingredient for partnering.[25]

(5) Communication: Is it open and frequent? Are there informal relationships and communication links? "Notably missing in the study of coalition effectiveness is attention to the coalition's communication network, i.e., who is connected to whom and how those connections affect outcomes."[26]

(6) Resources: Are they sufficient? Again (note this recurring theme), is there skilled leadership? "Valued partners bring resources... such as money, food, and physical space, time, data, and educational materials. Ultimately, it is honesty, openness, and trustworthiness that are the most important interpersonal factors for promoting cooperation."[27] "Overall, the most valuable member is considered by key informants to be one that has a credible, well-connected presence in the community, can devote resources... and contributes the effort to make things happen."[28]

IV. SUCCESSFUL HEALTHCARE PARTNERSHIP TRAITS IN ACTION:

There is much evidence that these coalitions are serving their purpose. Examples include responses to the following events: The southern California wildfires

in 2005, the Virginia Tech shootings in 2007, the Minnesota bridge collapse in 2007, the Seattle snow storms of 2008, and the response to hurricanes Gustav and Ike in 2008.[29]

The Virginia Tech response was noteworthy: "... hospitals were ready for the patient surge and employed their National Incident Management System (NIMS) and Incident Command System (ICS) plans and managed patients well. All of the patients were alive after the Norris Hall shooting survived through discharge from the hospitals."[30]

Planning efforts in several of the coalitions are likewise noteworthy. The Alaska Health Care Facility Partnership established a goal of 100% surge capacity. Evidence of communication, adaptability, and resources included the ability to transfer patients to Elmendorf Air Base.[31]

Charleston-Roper is an example of a coalition responding to a unique need while following the principles of effective use of resources, communication, a common purpose, adaptability and structure: South Carolina is located on an active fault line, with numerous isolated islands off the mainland coast. Their solution was to place caches of basic medical supplies and mobile inland shelters in zones which might become isolated.[32]

San Francisco is an example of a large urban area facing a unique situation-- it is an earthquake, fire, flood, and terrorism zone.[33] "There is a 62% chance of a severe earthquake by the year 2032."[34] San Francisco attempted to address these needs by utilizing hospitals and community assets (shelters) as part of their response plan.[35]

Despite these examples, work still lies in the process of planning, identifying resources, envisioning scenarios, and preparation. The Minnesota coalition (Hennepin County Medical Center), exemplifies the continuous efforts of a successful coalition. Some of their planning efforts are: (1) standardization of chemical response and decontamination equipment; (2) a standardized incident management plan for all 30 EMS services; (3) daily collection of bed availability data with "real time" diversion plans, and; (4) daily communications testing.[36] These events are cited as times when existing partnerships provided strong responses to situations which could have been much worse, had there not been a response methodology. Competitors will collaborate on forming partnerships to work on preparedness planning and response when they understand the benefits of working together to prepare for a public health event.[37]

Broward County Healthcare Coalition in Ft. Lauderdale, Florida was established in 2001. The coalition attributes much of their success with communicating regularly at monthly meetings and using great networks for sharing information. One of the key accomplishments of DHHS funding enabled them to purchase and implement an internet-based communication and situational system for daily and emergency use by their large partnership of hospitals, health departments, EMS agencies, and tribal nations. Another key factor is that all of the members know each other and have an extremely tight community-- they have utilized a "train the trainer" strategy for hospital decon teams, worked together conducting hazardous vulnerability analysis exercises moved from county to county and then to regional hazardous vulnerability analyses from the perspective of healthcare. There are many other forums from which information is shared and utilized. If one organization doesn't have a certain resource, it is well known

where to access that resource-- there is a high awareness of what the community needs. The ongoing training is superb. The department of emergency preparedness is a key component of Broward's coalition. The coalition considers communication, training, and sharing information vital ingredients for their success.[38]

The Rural Nebraska Medical Response System (RNMRS), in Elkhorn, Nebraska, built a partnership around an existing structure that was modeled around MMRS. The creative partnership covers a large area using a telehealth network to provide specialized care to rural areas; they also developed and exercised a protocol for use of mobile medical assets in regional response. They have a fully-paid coalition coordinator who took the lead in the grant writing, polled all MRS coordinators and established goals and visions. The philosophy is that regardless of your competition, if your competition isn't prepared for a disaster, you aren't prepared. Some of the key attributes were the strong relationships and trust established among the MRS coordinators, sharing of information, and extremely important, for leaders to have one-on-one contact and to visit each others' hospitals and facilities. The coalition is blessed to have the telehealth secure teleconference system. Every meeting is held over the telehealth system and eliminates travel and expenses.[39]

The Alaska Healthcare Facilities partnership was built on the foundation of the preexisting, all-Alaska pediatric partnership, with the ultimate goal of addressing children's health issues across the state, and also increasing the capabilities of hospitals outside Anchorage to handle complicated pediatric cases. The state of Alaska has annual outbreaks of Respiratory Syncytial Virus (RSV) in 2007; Barrow experienced an outbreak of RSV affecting 28 infants requiring transfer to Anchorage for mechanical

ventilation.[40] A coordinator was hired to manage the partnership and a large steering committee was formed to plan a way to increase efforts across the state. All meetings were teleconferenced with representation from multiple disciplines. There were working groups that planned for better coverage of supplies and pediatric care, and these supplies were strategically fed to caches in 22 different locations (mostly schools). The state also bought 80 portable ventilators, for multi-use of both pediatric and adult care. Additionally, the coalition coordinator and their team reviewed the best training courses and materials which they could share with all health care organizations across the state. The goal has always been an approach that would get people better prepared for pediatric emergencies or outbreaks, in particular a "just in time" pediatrics manual which was shipped all over the state, and can also be accessed via the website.[41]

The Healthcare Facilities Partnership of south-central Pennsylvania consists of eight county Emergency Medical Associations (EMAs). Their specific goal is to improve situational awareness and communication. They accomplished this by developing a "webinar" communications tool. This is used to enhance communication, situational awareness, and education and training. People deserving credit for these accomplishments are the individual coordinators from hospitals and emergency care centers. They also developed a pandemic influenza and blast injury simulation models which may be used for training at partnership institutions. This video audio computer system has trained over 5,000 people, both in and out of the coalition.[42]

Project Moves of the WAKEMED health and hospitals systems started in Raleigh, North Carolina in 2000 with a goal of mapping out patient transport patterns. Its membership includes all the partnerships within the Capitol Area Regional Area

Advisory Committee Project (CapRAC). North Carolina has always been proactive in emergency preparedness and healthcare system coordinated response. They've used funding from various grants, to include HPP, CDC, and DHS to create their own North Carolina state medical response system. A regionalized model is used which includes eight regional advisory committees in which the trauma centers take the lead and provide the forum for disaster preparedness meetings. [43] They went from 250 statewide contracts and were able to centralize it down to eight RACs. This cut out much redundancy and allowed for a better concentrated effort for response and planning. All regional partners get together and work on a matrix of their priorities and then vote to ascertain where best to focus levels of effort. They've taken "lessons learned" from Katrina and purchased a 400 bed hospital which can be used to set up anywhere in the state. Each RAC has fifty beds; to increase surge capacity every hospital is involved with the SMAT team (State Medical Assessment Teams). Exercises are done conducting field hospital operations-- this is a state requirement for funding. The state medical asset resource tracking tool provides accurate capability tracking. The regions must electronically report EMS personnel and ambulance availability every week, and bed availability every day. There are ground rules: of significant importance is that all barriers come down to focus on patient care. Every year money is designated for training and education. Another important rule is that this is a democratic process and everyone walks away with something. The involved project officers, coupled with established committees and bylaws keep the process clean from politics. They also attribute open and two way communications as an ongoing work in progress, yet vital to success.[44]

The King County Healthcare Coalition in Washington State was created in 2005 when the Public Health Seattle-King County collaborated with 25 hospitals, more than 100 other healthcare organizations, and more than 30 other agencies and professional organizations. This coalition strives to include members that are representative of the county's diverse population. The King County Department of Public Health is the lead agency. They quickly developed an executive council that meets quarterly and are also the advisors during any event. The coalition coordinator has a team that is designed to work coalition-specific tasks; training and education, planning, resource and information management and administrative duties. HPP funding was used for developing and implementing the Washington System for Tracking Resources, Alerts, and Communication (WATrac). This is a bed and resource tracking system that is used statewide resulting in a high degree of situational awareness. The coalition leader attributes much of their success to maintaining engagement and being able to demonstrate value and productivity (which includes articulated outcomes). This is best tested with exercises. It works out well having the public health department in the lead due to the fact that these officers understand healthcare dynamics very well. Other components that contribute to sustaining this coalition involve building systems and infrastructure that does not rely on only a few people. Seattle completes an annual report with the assistance of a graphic designer to get their story out to all the stakeholders.[45]

The Minnesota-Metropolitan Hospital Compact in Minneapolis is a substate regional partnership which began in 2002. After 9/11 interest in this partnership spiked and the initial membership grew from a dozen to over 85 members. The coalition took

this opportunity to implement the metropolitan hospital compact agreement. Plans integrated EMS, police, public health, Red Cross, VA, and blood bands along with the hospitals. The Regional Health Resource Center (RHRC) employs the staff that run this compact which became possible with HPP and other grants. This center does not provide direct support to hospitals; its main purpose is to improve response to emergencies. Ten different hospitals provide emergency-trained volunteers to man the RHRC. This sharing of hospital staff has made a huge impact for coalition building. There are also many working groups in this partnership. Sharing information and training together with real exercises continue to build these strong bonds and trust amongst the members. The community is considered to be valuable customers to this coalition. [46]

V. CONCLUSION & RECOMMENDATIONS:

Healthcare coalitions are essential to regional responses to common and overwhelming mass casualty events; they create a foundation for preparedness, and represent the genesis of a community-wide disaster response approach.[47] The goal is to continue to develop and strengthen, laying the foundation of a robust national disaster response capacity, where one community's coalition can come to the assistance of another's, meeting the criteria set forth in Homeland Security Presidential Directive 21.[48] As part of an ASPR effort during December 2010, the expert panel was unanimous when endorsing coalitions as the foundation of health system preparedness. The second HPP expert panel meeting in March 2011 resulted in an agreement that coalitions "are the fundamental cornerstone of a prepared national health care system."[49] Catastrophic incidents such as hurricanes Katrina, Ike, and Gustav; the Haiti

earthquake, and the events of September 11th, 2001, emphasize the need to refocus national and local attention from individual healthcare entities and proceed to formalized collaborative integrated coalitions of public health assets.[50]

Of particular import is the need for federal and local agencies to work across departments and disciplines when sharing information. Note that this is an issue endemic to the government (law enforcement, intelligence, Department of Defense, etc.). Probable culprits include competition for funding, "turf" wars, and egos. A potential solution to this issue is a national concept of operations for healthcare preparedness, coupled with an assurance of adequate federal funding.[51]

A key recommendation is that current and later budgets be tailored to emphasize coalition building: "The ASPR HPP will require increased emphasis on building required partnerships/coalitions during the FY10 and FY11 budget periods. This work should build upon the "Comprehensive Coalition Strategies for Optimization of Healthcare" promoted through the FY09 Pandemic Influenza Healthcare Preparedness Improvements for States Funding Opportunity Availability and the new "Medical surge Capacity and Capability: The Healthcare Coalition in Emergency Response and Recovery.[52] The following overarching principle may be gleaned from the literature-- a successful healthcare partnership keeps the focus on process and outcomes, rather than structure and inputs.[53] Simply put, "deeds, not words". Regardless of how complex the issue, a common vision, trust, and involvement are essential to ensuring the success of a healthcare partnership.

There is a dearth of focused research regarding the obstacles to adequate emergency preparedness; these obstacles can be monumental to hospitals-- they include medical economics, risk perception, planning assumptions, and business and legal risks, to name but a few. Likewise, there is a paucity of research attempting to see what motivates communities to have long term sustenance of emergency health care preparedness. There is a need for research regarding the strategies which maintain and promote healthcare emergency management. Many times there is guidance from a funding entity such as DHS, which purports to link to the national strategy, with a heavy focus on terrorism and catastrophic hazards, but this funding is not always aligned with local risks and concerns. A review of the federal funding programs is required. Funding is currently "year to year" due to program guidance. Funding should not be condensed and consolidated within short response times and windows. Guidance should promote hospitals and coalitions within clear project objectives which are meaningful and objective. The overall strategy of healthcare coalitions and partnerships is something that should be recognized by the public as something which is a local and state issue (depending on the federal hospital preparedness program to fund and sustain hospital readiness for emergencies and disasters over the long term is unlikely to result in local investment of time and attention as well as funds). Partnerships typically require much hard work to ensure satisfaction with the agreements, but usually partnerships result in the growth of individuals and systems that occur as a result of the synergy produced. "The outcomes and products often go way beyond what anyone envisioned when the partnership began, and this is wherein the satisfaction lies."[54]

Most partnerships require strong leadership to thrive. In the book "Quantum Leader", Malek and O'Grady describe a model of new leadership that moves the individual from the old model of orchestrating and managing people during a "change to managing movement." [55] We know that partnerships are not a "soft option", but hard work, take time to develop, and there must be a realistic aim for what needs to be achieved. Partnerships, if successful, achieve more than an agency working alone.[56] "You can integrate some of the services for some of the people, and some of the services for all of the people, but you can't integrate all of the services for all of the people."[57] McIntyre and colleagues point out there is no clearly defined discipline that is clearly responsible for emergency medical response.[58]

Although robust federal funding is coming on board to assist with hospital preparedness, there is still not adequate attention to addressing the underlying medical economics. The federal government has launched many federal programs since 2001, and this has been the impetus for much of the hospital preparedness, but as funding comes and goes, preparedness waxes and wanes. There are funding and guidance documents from numerous agencies, e.g., CDC, Homeland Security, Health & Human Services, the VA, etc., but no cohesive, standardized entity or guidance which deals with redundant or conflicting guidance to ensure that all hospitals are "on the same page."

With proper funding, direction, education and training, partnerships can prosper and excel, however, less developed coalitions must learn from the health care coalitions which have existed for longer periods, and learn from their past experiences. For a

successful partnership, one must have strong leadership which sets the tone and goals for the partnership.

"We live in a global society.... Within the public, private, and voluntary sectors, the need for partnership working... is recognized as a vital component of success."[59] Therefore, despite advances of technology, speed of information, and increasing size and diversity of our society, essential truths defining a successful healthcare coalition and partnership are as timeless as ever-- hard work, teamwork, and putting aside differences to ensure organizational success and overall health and safety of the entire community.

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